

CTR Survey Response Form and Program Check

THIS FORM IS NEEDED TO SET UP YOUR WORKSITE FOR THE CTR SURVEY, AND TO CONFIRM THE STATUS OF YOUR CTR PROGRAM IN LIEU OF AN ANNUAL REPORT. PLEASE COMPLETE ALL THE QUESTIONS BELOW, SIGN, AND RETURN.

Company Name, Branch Name (if applicable)

State Code

Site Address and City

1.

Please provide the correct contact information for the Employee Transportation Coordinator for this worksite

	Please complete
Name:	
Title:	-
Phone:	
Mailing address:	
E-mail:	

Please provide the correct contact information for the Program Manager for this worksite:

	Please complete
Name:	
Title:	
Phone:	
Mailing address:	
E-mail:	

Please provide the correct contact information for the CEO (or Highest Ranking Official) for this worksite

	Please complete
Name:	
Title:	
Phone:	
Mailing address:	
E-mail:	

2.

Please provide the correct employee counts for this worksite. This will be used to determine your survey response rate. Response rates below 70% will negatively affect your survey results.

Total Worksite Population ¹		
CTR Affected Employees at Worksite ²		

3.

Which group of employees at this worksite will you survey?

☐ Total worksite population ☐ Only CTR affected employee

4.

In certain cases, CTR affected employees may be exempted from the survey. This must be approved prior to each survey process. Do you need apply for an exemption for some of your employees?

☐ Yes ☐ No

Continued on reverse →

¹ Total Worksite Population is ALL persons, regularly working on-site, including:

- All employees on the company payroll including night shift, part time, and teleworking employees.
- All other persons not on the company payroll but who work at the site and are eligible to take advantage of the benefits of the CTR program. This may include contract and temporary employees, cafeteria staff, janitorial staff, etc.

² Current number of CTR Affected Employees at worksite include:

- All full-time employees (minimum of 35 hours per week), who begin a regular workday at a single worksite between 6 am and 9 am (inclusive), on 2 or more weekdays, in positions intended to last at least 12 continuous months.

5. I plan to distribute surveys on the following date: _____ (Preferably a Monday.)

6. How will you survey your employees?

☐ Online survey*

☐ Paper survey

If Online:

A) Will you upload your employee emails, or provide access by domain name only? Upload ☐ Domain ☐

B) What email domain(s) will be included (e.g.: @yourcompany.com) _____

C) What is the worksite name that employees use, if different from above? _____

7. Do you plan to attend a survey briefing?

☐ Yes, I plan to attend the following survey briefing: _____

Additional attendee(s): _____

☐ I cannot attend a briefing

8. Have there been any changes to your current approved CTR Program with respect to program promotion and information distribution?

☐ Yes - If Yes, briefly state what has changed: _____

☐ No

9. Have there been any changes to your current approved CTR Program with respect to the parking management?

☐ Yes - If Yes, briefly state what has changed: _____

☐ No

10. Have there been any changes to your current approved CTR Program with respect to subsidies and incentives?

☐ Yes - If Yes, briefly state what has changed: _____

☐ No

11. Have there been any changes to your current approved CTR Program with respect to telework and compressed work week schedules?

☐ Yes - If Yes, briefly state what has changed: _____

☐ No

12. Have there been any changes to any other aspects of your current approved CTR Program?

☐ Yes - If Yes, briefly state what has changed: _____

☐ No

13. By signing below, I hereby:

- Verify the current employee numbers and program status for the above worksite, and understand that any changes in these employee numbers during the survey process **must be reported** to my CTR representative.
- Commit to continue our CTR program at its current approved level

X

Signature of ETC

Date

➤ **RETURN COMPLETED FORM TO:** CTR Survey Support Technician.....fax (206) 684-2058..... Phone: (206) 684-4444
King County Metro-CTRS, MS: YES-TR-0650, 400 Yesler Way, Seattle, WA 98104